

Mental Health Drug Workgroup
4/15/05
2:00 – 4:00
Meeting Minutes

Meeting Started at 2:00

- To Do” and “Agreements” from 4/15/05 Meeting

- Agreement

- Work group meeting date continues to be on the 1st. and 3rd. Fridays– We will meet on the 5th. Fridays (July/September if needed) -Completed
 - There will be an April 29th meeting - Completed
 - A taper of three months would be appropriate for a second line antiepileptic taper. However, a provider could make a case for more time in a taper.

- To Do

- Dr.’s Farmer, Reis, and Layton will develop an “off label use” of second line antiepileptic medications PA process for “rare” cases in 1) ETOH and Substance Abuse, 2) Anxiety disorder for the next meeting (in a bulleted format). This should include recommendations for education and communication verbiage.
 - Jeff will send out the Dr. Child’s PowerPoint presentation for workgroup review.
 - **MAA will have an email and future Web site to assist in communication for the group.**
 - MAA will review its PA forms and put the verbiage and instructions to document “tried and failed”– (a large space and ability to attach notes).
 - MAA will send out the full survey results from antidepressant questionnaire for review.
 - MAA will send out California and Texas letters for workgroup review.
 - MAA will send out the PDL list for anti-depressants ASAP.
 - MAA will provide a break-down on different antidepressants and appropriate combinations and numbers based on mechanisms of action.
 - Dr. Sullivan to review the Pande paper for statistical and experimental design validity.

OLD BUSINESS

- Minutes from previous meeting reviewed - Identified “typo” changes.
- Reviewed the “agreement” list – No changes or comments.
- Review the “to do” list – no changes noted. Discussions as follows:

- Clarification on SB6088, Section 5 -refill drugs - MAA commented that the anti-epileptics class is not on the preferred list as the OSHU review was limited. Therefore the DAW does not apply. MAA added that at this time all anti-epileptics are covered and will have no refill protection. MAA will work toward a process that allows FDA indications with minimal administrative hassle,
- Update on evidence-based publications – Dr. Barnhart will help the workgroup to attain papers through the Harborview Library. Requests can be made through Dr. Thompson. Contact Jonell Blatt @ blattj@dshs.wa.gov. for assistance. Dr. Sullivan from UW is also willing to review protocols.
- Meeting Dates – Workgroup discussed the Meeting date schedule and requested that the meetings fall on the 1st. and 3rd. Fridays of each month and on the 5th. Fridays (July/September, if needed).

NEW BUSINESS

- Workgroup discussed the difference between Brand/generic
MAA commented that even though a brand goes generic it can take years before the generic price gets down to a true generic cost. A month's supply of brand averages \$115 and generic \$15. Under the generic laws a generic drug can be 70-90% of the brand cost for 6 months or longer. Currently MAA's generic use is 57.9% (\$1 million/Qtr) and brand 40% (\$44 million/Qtr.).
- Evidence-Based Reviews
Reviews were presented by:
 - Dr. Farmer on behalf of Dr. Ries discussed the indications of antiepileptic medications in ETOH and Substance Abuse.
 - Overview: There is little evidence to support the initial use of second line anti-epileptics in ETOH/Substance abuse. The studies are largely case reports and non-controlled case series. The evidence is generally "C" level with no head to head studies comparing standard therapies to the more expensive brand therapies. Most articles showed high %'s of side effects and intolerance. The group discussed "rare cases" of second line anti-epileptic in acute ETOH withdrawal such as active pancreatitis or liver failure. A workgroup will work on a protocol for prior authorization of "off label" use.
 - Matt Layton shared that the CIWA (Clinical Institute Withdrawal Assessment) is a pretty standard protocol for acute alcohol withdrawal. Clinical staff (usually nurses) assess symptoms, and there are defined physician's orders for lorazepam dosages to be administered based on the total score. There is also a CIWA-O for opioid withdrawal.
 - Dr. Sharon Farmer on the use of antiepileptic medications in anxiety.
 - Overview - There is little evidence to support the initial use of second line anti-epileptics in anxiety. The evidence is generally "C" level with no head to head studies comparing standard therapies to the more expensive brand therapies. (Review Article, antiepileptic drugs in the treatment of anxiety disorders, Amerigin, MU, Drug 2004,64 (19), 21199-2220). The group discussed a documented tried and failed of other first line agents should be noted in an H&P before a "rare case" is made for second line antiepileptic medications –Dr.

Thompson will complete the Evidence-based tool and Dr. Sullivan will assist with the statistical review of the Pande¹ article.

- Dr. Montgomery on the use of antiepileptic medications as adjunctive therapy in mood stabilization.
 - Overview – There is little evidence to support the initial use of second line anti-epileptics in adjunctive mood stabilization. The evidence is generally “C” level with no head-to-head studies comparing standard therapies to the more expensive brand therapies. The group discussed the OSHU report that showed Gabapentin was no better than placebo in adjunctive therapy. The group agreed that second line antiepileptic medications are not effective. The group agreed that a taper off on auto pilot for 90 days would be appropriate in most cases. A provider could document a case to justify for more time in a taper.

- Agenda Items for Next Meeting

1. Review Minutes of the previous meeting
2. Dr. Martin to review Topimax and anti-psychotic induced Metabolic Syndrome
3. Review pending “to do” and “agreements” list
4. Finish-up with the “off-label” antiepileptic medications
5. Discuss Texas-like Algorithm related to generic first models in anti-depressants

¹ Pande, AC. Treatment of Social Phobia with Gabapentin: A placebo-controlled study, J. Clin Psycho, Pham & Col 1999, 19(4):341-8